



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

JAMES E. RISCH – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: fsb@idhw.state.id.us

August 25, 2006

Lisa Moore, Administrator  
Midland Manor  
9622 West Silverbirch Street  
Boise, ID 83709

FILE COPY

License #: RC-854

Dear Mrs. Moore:

On June 1, 2006, a survey was conducted at Midland Manor. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Rae Jean McPhillips, R.N., Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

RAE JEAN MCPHILLIPS, R.N.  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

RM/sm

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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June 15, 2006

FILE COPY

Lisa Moore, Administrator  
Midland Manor  
9622 West Silverbirch Street  
Boise, ID 83709

Dear Mrs. Moore:

On June 1, 2006, an initial survey was conducted at Midland Manor. The facility was found to be providing safe and effective care to residents.

The enclosed form, which states that no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the Punch List, a copy of which was reviewed and left with you during the exit conference. The completed Punch List form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by July 1, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

VIRGINIA LOPER, R.N.  
Supervisor  
Residential Community Care Program

VL/sm

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R854</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/01/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>MIDLAND MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9 SOUTH MIDLAND BOULEVARD NAMPA, ID 83651</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the initial survey conducted on June 1, 2006. The surveyors conducting the initial survey were:</p> <p>Rae Jean McPhillips, RN Team Leader Health Facility Surveyor</p> <p>Patrick Hendrickson, RN Health Facility Surveyor</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

0MWW11

If continuation sheet 1 of 1



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HEALTH & WELFARE

**BUREAU OF FACILITY STANDARDS**  
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**ASSISTED LIVING**  
Non-Core Issues  
Punch List

07/27/2006 15:49 FAX 2083768734


CTM Enterprises

1007

Facility Name Midland Manor	Physical Address 9. S. Midland RD	Phone Number 466-5175
Administrator Lisa Moore	City Nampa ID	ZIP Code 83651
Survey Team Leader Rae Jean McPhillips	Survey Type IS	Survey Date 6-1-06

## NON-CORE ISSUES

[illegible]

Response Required Date	Signature of Facility Representative
7/1/06	 8K8034410611